

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)
 State Maryland. County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Cora Alice Bailey.

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife William Wallace Bailey.
 6.(c) If alive, give age 76 years
 7. Birth date of deceased (mo., day, yr.) August 7th, 1876
 8. AGE: Years 72 Months 3 Days 8 If less than one day
 hrs. min.

9. Birthplace Garrett County, Maryland.
 (Town, county, and state)
 10. Usual occupation House wife.
 11. Industry or business

MOTHER FATHER
 12. Name William Colmer.
 13. Birthplace Garrett County.
 14. Maiden name Caroline Harman.
 15. Birthplace Garrett County.

16. Informant Mrs. Olive Baker.
 Address Oakland, Maryland.
 17. Burial Date thereof Nov. 17/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Bitteringer Cemetery.
 Location Bitteringer, Maryland.

18. Funeral director Ernest D. Bolden.
 Address Oakland, Md.
 Nov. 17 1948 Julia A. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH November 14th, 1948 at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 26 1947 to November 14 1948
 and that I last saw her alive on November 14 1948

Immediate cause of death.
Cerebral Hemorrhage
Cerebral Hemorrhage

Due to Hypostatic pneumonia
 Due to

Other conditions

(Include pregnancy within 3 months of death)
 Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE A. E. Thamm
 M. D. or other
 Address Oakland Md Date signed 16 Nov 48

DURATION

1 hr
3 days

2 days

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

RECEIVED

NOV 20 1948

BUREAU V. S.

N. B.—WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COME TO AMERICA IN 1907

STATE OF MARYLAND—CERTIFICATE OF DEATH

11456

1. PLACE OF DEATH

County Garrett
Village or City Kitzmiller

Registration Dist. No. 172No. W. Main Street

St. _____ Ward _____

Length of residence in city or town where death occurred 35 yrs. mos. _____ ds. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Michael J.Bedene

If U. S. Veteran, specify WAR _____

(a) Residence: No. W. Main St. KitzmillerSt. _____ Ward Garrett Co., Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of S.S.No. 213- 05-4335
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 17, 1882

7. AGE Years 66 Months 1 Days 18
If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Miner - retired
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Coal Mines
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Catezi, a
(State or country) Austria

13. NAME John Bedene

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Thressa Ardigal

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT Baptismal Cert & Records
(Address)

18. PLACE OF BURIAL Kalbaugh Cemetery
Place Elk Garden, W. Va. Date Nov. 8, 19 48

19. UNDERTAKER Otha F. Sharpless
(Address) Blaine, W. Va.

20. FILED NOV 16 1948 AWB Barick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 5, 19 48
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from none, 19 none, 19 none

I last saw him alive on none, 19 none; death is said

to have occurred on the date stated above, at 11:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Probable acute cardiac failure

Date of onset _____

Other Contributory Causes of Importance:

Chronic heart disease
(history from Dr. Calandrella)

4 yrs.

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Thomas S. Lusk M. D.
Acting Deputy Medical Examiner
(Address) Oakland, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Now long in above place of death? about 5 months
 Hospital, institution, or street address where death occurred:
146 Oak St., Oakland, Md.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Virginia County Lucker
 City or town Aurora
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war

3. (a) FULL NAME

Alpha Wesley Dawson

3. (b) Social Security Number

232-28-6318

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Stella Estel Dawson

7. Birth date of deceased (mo., day, yr.) May 2, 1875 6. (c) If alive, give age 53 years

8. AGE: Years 73 Months 6 Days 25 If less than one day
hrs.min.

9. Birthplace Amblay Preston, W. Va.
 (Town, county, and state)

10. Usual occupation Coal miner

11. Industry or business

12. Name Abraham Dawson13. Birthplace Mineral Co. W. Va.14. Maiden name Charity Calhoun15. Birthplace Unknown16. Informant Stella Dawson (wife)Address Oakland, Md.17. Burial Date thereof Nov. 30, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery (Aurora)Location Aurora, W. Va.18. Funeral director Wm. C. SpiggleAddress Savis, W. Va.19. Nov. 27 19 48 Julius A. Power

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 19 48 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 19 48 to Nov. 27th 19 48 and that I last saw him alive on Nov. 26th 19 48

Immediate cause of death Apoplexia DURATION

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Stenzel M.D. M. D. or other

Address Oakland, Md. Date signed 11-29-48

Mrs. Power

Mr. Mung is out of town
for several days and perhaps longer
Can mail to him if you wish

Mr. Mung

RECEIVED
DEC 15 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11458

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garett
City or town Jennings
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Garett
City or town Jennings
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war World War I

3. (a) FULL NAME

Fredrick Orivel Durst

3. (b) Social Security Number

216-10-5378

4. Sex M 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Ida Durst
6.(c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) May - 11-1897
8. AGE: Years 51 Months 5 Days 24 If less than one day
hrs. min.

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 4 1948 at 6 p.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-11 1945 to 11-4 1948
and that I last saw him alive on 11-4 1948

Immediate cause of death Coronary Occlusion DURATION 1 day

Due to

Due to 4201

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest Orivel D. M. D. or other

Address Mayoedale, Pa. Date signed 11-5-48

9. Birthplace Rural Near Jennings Garrett Co. Md
(Town, county, and state)

10. Usual occupation Coal Miner

11. Industry or business

12. Name Henry Durst

13. Birthplace Rural Jennings Md

14. Maiden name Barbara Hare

15. Birthplace Rural Jennings Md

16. Informant Mrs Ida Hare

Address Jennings Md

17. Burial Date thereof 11-7-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Grantsville

Location Grantsville Md

18. Funeral director Wm Winterberg

Address Grantsville Md

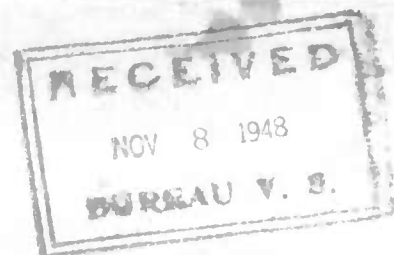
19. November 48 Ernest Orivel D.
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

166

11459

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garrett
 City or town Rose Grove Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Garrett
 City or town Rose Grove Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Mino Durst

3. (b) Social Security Number

216-22-5429

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 11-1921
 8. AGE: Years 27 Months 0 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Garrett Co. Md.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business Timber
 12. Name Emanuel Durst
 13. Birthplace Md.
 14. Maiden name Ida Bittner
 15. Birthplace Md.

16. Informant Emanuel Durst
 Address R.D. Grantville Md
 17. Burial Date thereof Nov. 22-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oak Grove
 Location Garrett Co. Md.

18. Funeral director Chas. B. Humbert
 Address Baltimore
 19. Nov 28 19 48 Ethel Prosser
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1948 at 6:30 P. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Hammer after death 19____
 and that I last saw him _____ alive on _____ 19____
 Immediate cause of death Abdominal Hemorrhage
 Due to Gun shot wound of abdomen
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results Rupture abdominal blood vessels Date of op. _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Homicide Date of 11/19/48
 Where did injury occur? 11 miles outside Garrett Md (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Pusher Road House
 Means of injury Shot with 38 Remington Injured at work? no
 23. SIGNATURE E. J. Baumgartner Dept. Med. Hammer
Oakland Md M. D. or other Garrett Co.
 Address _____ Date signed 11/19/48

RECEIVED

NOV 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11460/66

1. PLACE OF DEATH:

County Garrett
City or town Mountain Lake Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Rural Grantsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Keyser's Ridge
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Barbara Gardner

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife John Gardner
6. (c) If alive, give age deceased years
7. Birth date of deceased (mo., day, yr.) 12-31-1872
8. AGE: Years 75 Months 10 Days 15 If less than one day
9. Birthplace ACCIDENT-GARRETT-MARYLAND
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business None

12. Name Charles L. Hanft
13. Birthplace Lonaconing, Md.
14. Maiden name Maragret Swantz
15. Birthplace Germany
16. Informant John Hanft
Address Grantsville, Md.
17. Burial Date thereof Nov. 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory xxx German Lutheran
Location Cove, Maryland
18. Funeral director Mrs. Winterberg
Address Grantsville, Md.
19. 11/16 19 48 Julia A. Power
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 Nov. 19 48 at 8:15 P.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Nov. 19 48 to 14 Nov 19 48
and that I last saw him/her alive on 14 Nov. 19 48
Immediate cause of death Coronary Thrombosis (?) DURATION 3/4 hr
Due to Arterio-sclerotic cardiovascular disease ?
Due to Senility
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings of operations none Date of op. none

Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of 14 Nov 48
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Thomas J. Lushy M.D.
Address Oakland, Md. Date signed 15 Nov 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 20 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131a 11461 172

1. PLACE OF DEATH:

County Garrett
 City or town Rural - Vindex
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Rural Vindex
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2 Mi. West Vindex
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War 2

3. (a) FULL NAME

Theadore Harmon Greaser

3. (b) Social Security Number

212-20-8570

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife Ula Burrell Greaser6. (c) If alive, give age 23 years7. Birth date of deceased (mo., day, yr.) October 12, 19218. AGE: Years 27 Months -- Days 25 If less than one day
hrs. min.9. Birthplace Garrett Co., Md.
(Town, county, and state)10. Usual occupation Coal Miner11. Industry or business Coal Mines12. Name Thomas Greaser
13. Birthplace Allegany Co., Md.14. Maiden name Anna Evans
15. Birthplace Allegany Co., Md.16. Informant Thomas Greaser
Address Vindex, Md.17. Burial Nov. 8, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Nethkin Hill Cemetery
Cemetery or crematory
Elk Garden, W. Va.
Location18. Funeral director Herbert C. Reighton
Address Oakland, Md.19. Nov 6 19 48 Urban
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1948 at 4:45P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to Nov 5 1948 and that I last saw him alive on Nov 5 1948

Immediate cause of death

Acute Myocarditis

Due to

Coronary-Vascular Renal Disease

Due to

Other conditions

Supplied from broken
back - Accident in Coal mine
(Include pregnancy within 3 months of death) Jan. 26, 1946

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

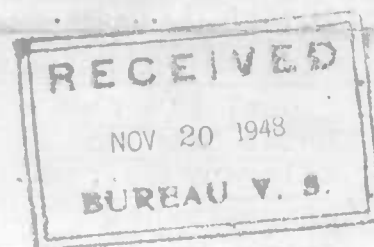
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Salvatore Colanaballo md M. D. or otherAddress Rt. 1, Miller, Md Date signed Nov 6-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11462

1. PLACE OF DEATH:

County Tarrette, Frederick, Md.City or town Long Street Route 40
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year 8 mos.

Hospital, institution, or street address where death occurred:

Long Street Route 40

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County AlleganyCity or town Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. Long Street Route 40
(If rural, give LOCATION)

2.(a) If veteran, name was

3. (a) FULL NAME

Sarah Jane Hartman

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Robert J. Hartman

7. Birth date of

deceased (mo., day, yr.)

Oct. 24 - 1869

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

79027

hrs.

min.

9. Birthplace

Black Fork, Allegany, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Theodore Lawson

12. Name

Lawson, Theodore

13. Birthplace

Susquehanna, Taylor

14. Maiden name

Yonkers

15. Birthplace

Mr. Ernest C. Hartman

16. Informant

Long Street Route 40, Frederick, Md.

17. Burial, cremation, or removal, Which?

Burial

18. Cemetery or crematory

Ree Hill Cemetery

19. Location

Frederick, Md.

20. Funeral director

Frederick, Md.

21. Address

Frederick, Md.

22. Date

Nov 23 1948

23. Registrar

Mr. Galois Michael

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 NOV 1948 at 2 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 May 1948 to 22 NOV 1948
and that I last saw her alive on 22 NOV 1948

Immediate cause of death

Chronic Myocarditis

DURATION

5 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please endorse the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

SALISBURY PA

M. D. or other

23 NOV 48

Address

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 27 1948

BUREAU V. S.

N. B.—WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S.S. No. 220-16-6244

174

11463

1. PLACE OF DEATH

County GarrettVillage or City Rural- KitzmillerNo. Nethken Mine- Peerless St. Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Robert Oliver JacksonIf U. S. Veteran, specify WAR World War 2(a) Residence: No. Kitzmiller, E. Main St. St. _____ Ward. Garrett Co., Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,

Married (write the word)5a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Gladys Marie (Paugh) (Sims) Jackson
21yrs.6. DATE OF BIRTH (month, day, end year) Jan. 8, 1926

7. AGE

Years

22

Months

9

Days

26If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Driver9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Coal Mines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) _____ spent in this occupation

12. BIRTHPLACE (city or town) West Vindex
(State or country) Garrett Co., Md.

FATHER

13. NAME William Jackson14. BIRTHPLACE (city or town) Deer Park,
(State or country) Md.15. MAIDEN NAME Lula Belle (Coulter)

MOTHER

16. BIRTHPLACE (city or town) Westernport
(State or country) Md.17. INFORMANT Mrs. Gladys Jackson
(Address) Kitzmiller, Md.18. BIRTHPLACE (city or town) Westernport
(State or country) Md.19. UNDERTAKER O.F. Sharpless
(Address) Blaine, W.Va.20. FILED Nov 6, 1948 W. B. Barwick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 4, 1948
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

none, 19____ to none, 19____
I last saw him _____ alive on _____, 19____; death is saidto have occurred on the date stated above, at 11:15 A.M. (?)

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Asphyxiation from
smoke

Date of onset

Nov 48

Other Contributory Causes of importance:

noneName of operation none Date of _____What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Accident Date of Injury Nov 48Where did injury occur? Kitzmiller, Md.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

IndustryManner of injury SmokeNature of Injury Smoke24. Was disease or injury in any way related to occupation of deceased? yesIf so, specify while at work(Signed) Thomas S. Lush M. D.(Address) Acting Deputy Medical Examiner1 Oakland, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

Kiser Nursing HomeHow long in hospital or institution? 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleghenyCity or town Lonaconing
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

(FLL)
#####Matilda Knatz James

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Benjamin James

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 18, 18598. AGE: Years 89 Months 1 Days 3 If less than one day
..... hrs. min.9. Birthplace Unknown

(Town, county, and state)

10. Usual occupation House WorkOwn Home11. Industry or business Henry Knatz12. Name Germany

13. Birthplace

Elizabeth Wigand14. Maiden name Germany

15. Birthplace

Harry Knatz16. Informant Ambridge, Pa.

Address

17. Burial Nov 25, 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oak Hill CemeteryLocation Lonaconing, Md.18. Funeral director W. S. SchreyerAddress Lonaconing, Md.19. Nov. 24, 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 November 48 8:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
20 October 48 21 November 48
and that I last saw him alive on 21 November 48Immediate cause of death
Acute bronchitis

DURATION

2 days

Due to

Due to

Other conditions Arteriosclerotic cardiovascular disease
Senility (Include pregnancy within 3 months of death)Major findings of operations none

Date of op.

Autopsy results none made

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Thomas S. Lushy M.D.
M. D. or otherAddress Oakland, Md. Date signed 21 Nov. 48

RECEIVED

NOV 27 1948

BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 11465

S.S. No. 23-26-0526

174

1. PLACE OF DEATH

County Garrett

Village or City Rural- Kitzmiller

Registration Dist. No. 172

No. Nethken Mine-Peerless St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Charles Franklin Keifer

If U. S. Veteran, specify WAR _____

(a) Residence: No. Rural- Mt. Storm, Grant Co., W. Va. Word. 3 Mi. East. on R. 50

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Margaret (Ferribee) Keifer

6. DATE OF BIRTH (month, day, and year) August 26, 1904

7. AGE Years 44 Months 2 Days 8 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Miner
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Coal Mines
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Hyndman, Penna. (State or country)

13. NAME Manuel Keifer Penna

14. BIRTHPLACE (city or town) _____ (State or country)

15. MAIDEN NAME Anna Shipway

16. BIRTHPLACE (city or town) Don't Know (State or country)

17. INFORMANT Mrs. Amanda Keifer (Address) Mt. Storm, W. Va.

18. BURIAL, CREMATION OR REMOVAL Reinobath Cemetery Nov. 7 48
Abrams Creek, Grant Co., W. Va.

19. UNDERTAKER Otha F. Sharpless (Address) Blaine, W. Va.

20. FILED Nov 6, 19 48 Al W. Barrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 4 48
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from none 19 none 19

I last saw him alive on none, 19 none; death is said to have occurred on the date stated above, at 11:55 A.M. (?)

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Asphyxiation from smoke

Date of onset

Nov 48

Other Contributory Causes of importance:

none

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Nov 48

Where did injury occur? Kitzmiller, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Industry

Manner of injury Smoke

Nature of injury Smoke

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify while at work

(Signed) Thomas S. Lundy M. D.
(Address) Acting Deputy Medical Exam
Oakland, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Ran over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11466

S.S. No. 216-01-1427

1. PLACE OF DEATH

 County Garrett
 Village or City Rural- Kitzmiller
Registration Dist. No. 172
 No. Nethken Mine- Peerless St. Ward

Length of residence in city or town where death occurred..... yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Clarence Richard Keller(a) Residence: No. W. Main St- Kitzmiller

If U. S. Veteran, specify WAR

St. Garrett Co., Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED5e. If married, widowed, or divorced
HUSBAND of Florence Belle (Spring) Keller
(or) WIFE of 55 yrs.

6. DATE OF BIRTH (month, day, end year)

May 3, 1892

7. AGE

Years 56Months 6Days 1If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Miner9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Coal Mines10. Date deceased last worked at
this occupation (month end
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

Preston Co., W. Va.

(State or country)

FATHER MOTHER

13. NAME

Richard Keller

14. BIRTHPLACE (city or town)

W. Va.

(State or country)

15. MAIDEN NAME

Rebecca Jane Stemple

16. BIRTHPLACE (city or town)

Preston Co., W. Va.

(State or country)

17. INFORMANT

Mrs. Florence Keller(Address) Kitzmiller, Md.1300 CemeteryElk Garden, W. Va.Date 11/71948

19. UNDERTAKER

Otha F. Sharpless(Address) Blaine, W. Va.

20. FILED

NOV 6 1948

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 4, 1948
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

none, 19 to none, 19
I last saw him alive on none, 19 ; death is saidto have occurred on the date stated above, at 11:15 A.M. (?)The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
Asphyxiation from
smoke

Date of onset

X Nov 48

Other Contributory Causes of Importance:

none

Name of operation

none

Date of

What test confirmed diagnosis?

none

Was there an autopsy?

no

23. If death was due to external causes (VIOLENCE) fill in also the following:

 Accident, suicide, or homicide? Accident Date of Injury Nov. 48
Where did injury occur? Kitzmiller, Md.

(Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of Injury

Smothering

Nature of injury

Smothering

24. Was disease or injury in any way related to occupation of deceased?

If so, specify while at work yes(Signed) Thomas S. Lundy M. D.(Address) Acting Deputy Medical Examiner
Oakland, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11467

1. PLACE OF DEATH

County Garrett

S.S. No. 217-05-9487

Registration Dist. No. 172

Village or City Rural -Kitzmiller

No. Nethken Mine- Peerless St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME James Herman Keller

If U. S. Veteran, specify WAR World War 2

(a) Residence: No. Kitzmiller W Main St-

St. Ward. Garrett Co., Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5e. If married, widow, widower, or divorced, give name of HUSBAND or (or) WIFE of Virginia J. (Parlette) Keller 22Yrs.

6. DATE OF BIRTH (month, day, and year) June 14, 1905

7. AGE Years 43 Months 4 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Miner
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Coal Mines
10. Date deceased last worked at this occupation (month end year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Blaine, (State or country) Mineral Co., W.Va.

13. NAME Richard Keller

14. BIRTHPLACE (city or town) W.Va. (State or country)

15. MAIDEN NAME Rebecca Jane Stemple

16. BIRTHPLACE (city or town) Preston Co., (State or country) W.Va.

17. INFORMANT Virginia J. Keller (Address) Kitzmiller, Md.

18. BURIAL CREATION OR REMAINS U.S.O. Cemetery Place Elk Garden, W.Va. Date 11/7, 1948

19. UNDERTAKER O.F. Sharpless (Address) Blaine, W.Va.

20. FILED Nov 6, 48 Al Bassick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 4, 1948 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from none, 19 none to none, 19 none

I last saw h. _____ alive on _____; death is said to have occurred on the date stated above, at 11:15 A.M. (?)

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Asphyxiation from smoke

Date of onset

4 Nov 48

Other Contributory Causes of Importance:

none

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Accident Date of Injury 4 Nov 48

Where did Injury occur? Kitzmiller, Md (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Industry

Manner of Injury smoke

Nature of injury Smoke

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify while at work

(Signed) Thomas J. Lusk M.D.

(Address) Acting Deputy Medical Examiner

Obalalud, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11468

1. PLACE OF DEATH

County GarrettVillage or City Rural- KitzmillerRegistration Dist. No. 172

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

Methken Mine at Peerless St., Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Martin Davis KellerIf U. S. Veteran, specify WAR World War 1(a) Residence: No. Kitzmiller W. Main StreetSt., Ward. Garrett Co., Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)
Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofS.S. No. 216-01-4889

6. DATE OF BIRTH (month, day, and year)

August 22, 1888

7. AGE

Years

60

Months

2

Days

12

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Miner9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Coal Mines10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

Rowlesburg,

(State or country)

Preston Co., W. Va.

FATHER

13. NAME Richard Keller

14. BIRTHPLACE (city or town)

(State or country)

W. Va.

MOTHER

15. MAIDEN NAME Rebecca Jane Stemple

16. BIRTHPLACE (city or town)

(State or country)

Preston Co., W. Va.

17. INFORMANT

(Address)

Mrs. Anna CodirePiedmont, W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place

O. F. CemeteryDate 11/719 48Elk Garden, W. Va.O. F. Sharpless

19. UNDERTAKER

(Address)

Blairstown, W. Va.

20. FILED

Nov 6, 19 48

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 4, 19 48
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

none, 19____, to none 19____I last saw him _____ alive on none, 19____; death is saidto have occurred on the date stated above, at 11:15 A. (?) m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Asphyxiation from
smoke

Date of onset

4 Nov 48
(T.F.L.)

Other Contributory Causes of importance:

noneName of operation none Date of _____What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4 Nov 48Where did injury occur? Kitzmiller, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Industry

Manner of injury

smoke

Nature of injury

smoke24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify

Thomas D. Lusk M.D.
 (Signed) acting deputy medic
 (Address) Challand, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11469

1. PLACE OF DEATH

County GarrettVillage or City OaklandRegistration Dist. No. 820No. 166St. 166

Ward

Length of residence in city or town where death occurred 80 yrs. 0 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Charles Harry Loar

If U. S. Veteran, specify WAR

(a) Residence: No. Second

(Usual place of abode)

St. Second

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, and year)

January 5, 1860

7. AGE

Years

88

Months

10

Days

11

If LESS than

1 day, --- hrs.
or --- min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Merchant9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.General10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation ---12. BIRTHPLACE (city or town)
(State or country)Piedmont, W. Va.

FATHER

13. NAME David Henry Loar14. BIRTHPLACE (city or town)
(State or country) Oakland, Maryland.

MOTHER

15. MAIDEN NAME Mary Catherine Wheeler16. BIRTHPLACE (city or town)
(State or country) Oakland, Md.17. INFORMANT
(Address)Miss Grace Loar
Oakland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Oakland

Date

Nov. 18, 4819. UNDERTAKER
(Address)Verbert C. Reigton
Oakland, Maryland.

20. FILED

11/18/481948Julia Rower
Local

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 16,

(Month)

(Day)

48

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 11,1946

to

November 15, 1948I last saw him alive on November 15, 1948; death is saidto have occurred on the date stated above, at 6:25 A. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral Hemorrhage
Pneumonia

Date of onset

2 wks2 days

Other Contributory Causes of importance:

SenilityName of operation --- Date of ---What test confirmed diagnosis? --- Was there an autopsy? ---

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of injury --- 19 ---Where did injury occur? ---

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ---Nature of Injury ---24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Andrew E. Hance M. D.(Address) Oakland, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11470/72

1. PLACE OF DEATH:

County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 yrs.
Hospital, institution, or street address where death occurred:
Main Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)
Street No. Main Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Joseph H. McGovern

3. (b) Social Security Number
218-03-6934

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband, or wife Jean Elizabeth (Martin) (Crouse) (McKenzie) (Males) (McGovern)
6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1884

8. AGE: Years 64 Months 0 Days 10 If less than one day
hrs. min.

9. Birthplace Frostburg, Allegany Co., Md.
(Town, county, and state)

10. Usual occupation Miner- Retired
Coal Mines

11. Industry or business Solomon McGovern

12. Name Solomon McGovern

13. Birthplace Ireland

14. Maiden name Margaret Higgins

15. Birthplace Ireland
Mrs. Joseph McGovern
Kitzmiller, Md.

16. Informant Burial Date thereof Nov. 21, 1948
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Kalbaugh Cemetery
Location Elk Garden, W.Va. Mineral Co.

18. Funeral director Otha F. Sharpless
Address Blaine, W.Va.

19. Nov 20 19 48 Alfred
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 19 48 at 6:30 P.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 46 to Nov 19 48
and that I last saw him alive on Nov 19 48

Immediate cause of death Cerebral Thrombosis
Due to Cerebral Heart Disease
Due to
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph Calandella M.D.
Address Kitzmiller, Md. Date signed Nov 19 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 11471 162

1. PLACE OF DEATH: County <u>Garett</u> City or town <u>R.D. 2 Accident</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>50 Years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Md</u> County <u>Garett</u> City or town <u>R.D. 2 Accident MD</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME <u>Annie Catherine Miller</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>F</u>		5. Color or race <u>W</u>		6. (a) Single, married, widowed, or divorced <u>Widowed</u>			
6. (b) Name of husband or wife <u>Samuel Miller</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>February 2- 1861</u>							
8. AGE: Years <u>87</u>		Months <u>9</u>		Days <u>17</u>		If less than one day hrs. min.	
9. Birthplace <u>Garett Co Md</u> (Town, county, and state)							
10. Usual occupation <u>House Work</u>							
11. Industry or business							
12. Name <u>Samuel Willhelm</u>							
13. Birthplace <u>Garett Co</u>							
14. Maiden name <u>Barbra Lenhart</u>							
15. Birthplace <u>Not Known</u>							
16. Informant <u>Mahlon Miller</u> Address <u>R.D. 2, Accident, Garett Co. Md</u>							
17. Burial <u>xxxx Bear Creek</u> (Burial, cremation, or removal, Which?) Cemetery or crematorium Location <u>Rural Near Accident Md</u>				Date thereof <u>II-21-1948</u> (month) (day) (year)			
18. Funeral director <u>Wm Winterberg</u> Address <u>Grantsville Md</u>							
19. <u>Nov 20 48</u> (Date rec'd by registrar)				Registrar <u>Ethel Broadwater</u>			

MEDICAL CERTIFICATION	
20. DATE OF DEATH <u>November 19</u> 19 <u>48</u> at <u>30 a</u> M	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Sept 1</u> 19 <u>48</u> to <u>Nov 19</u> 19 <u>48</u> and that I last saw him alive on <u>Nov 17</u> 19 <u>48</u>	
Immediate cause of death <u>Carcinoma of thyroid</u>	DURATION <u>1 yr</u>
Due to	
Due to	
Other conditions (Include pregnancy within 8 months of death)	
Major findings of operations Date of op.	
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
23. SIGNATURE <u>M. R. Davis M.D.</u> Address <u>Grantsville Md</u> Date signed <u>Nov 19</u>	

RECEIVED

NOV 24 1948

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County GarrettCity or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarretCity or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2. (a) If veteran, name War World War 1918-2-8 33-378-758

3. (a) FULL NAME

George Daley Nine.

3. (b) Social Security Number

212-03-4613

4. Sex 5. Color or race 6. (a) Single, married, widow, or divorced

MaleWhiteSingle.

6. (b) Name of husband or wife

7. Birth data of deceased (mo., day, yr.) October 19th 19168. AGE: Years Months Days If less than one day
32 1 2 hrs. min.9. Birthplace Oakland, Maryland.
(Town, county, and state)10. Usual occupation Service Station Attendant.

11. Industry or business

12. Name Irvin M. Nine.13. Birthplace Garrett County.14. Maiden name Minnie A. Paulie.15. Birthplace Brookside, W. Va.16. Informant Mr. Walter L. Nine.Address Grant Town, W. Va.17. Burial Date thereof November 25/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oakland, Cemetery.Location Oakland, Maryland.18. Funeral director Emory D. BoldenAddress Oakland, Md.19. 11/25/48 Registrar John Kawan

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1948, at M21. I CERTIFY that death occurred on the data above stated; that I attended deceased from Humor after death 19.....
and that I last saw him alive on 19.....Immediate cause of death Gun shot wound to head
Cerebral hemorrhage
Due to Dead about 36 hours before found.Due to
Due to
Other conditions
(Include pregnancy within 8 months of death)Major findings of operations
Date of op.Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

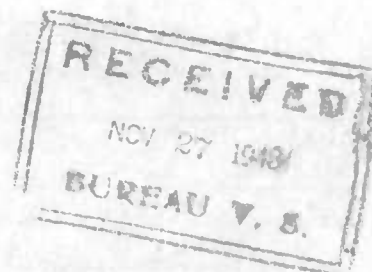
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 11/21/48Where did injury occur? Oakland Garrett Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) near Saw mill.Means of injury Shot with 25 cal automatic Injured at work? no23. SIGNATURE E. J. Baumgar Trick D. HannonAddress Oakland Md M. D. or other Best AugDate signed 11/24/48

War Record;

Technician 5th Grade Co. C. 1397th Engineer Construction Battalion.

Spent 3 yrs in the Pacific Theatre. Was discharged Dec, 3, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Infant Kendall Dean Noland.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) November 17th, 1948.
 8. AGE: Years 0 Month 0 Day 3 If less than one day
 hrs. min.

9. Birthplace Mt. Lake Park, Md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER
 12. Name Roy Eugene Noland.
 13. Birthplace Sardis, Ohio.
 14. Maiden name Betty Doris Smith.
 15. Birthplace Tioga, W. Va.

16. Informant Roy Eugene Noland.
 Address Mt. Lake Park, Md.

17. Burial Date thereof Nov. 22d/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery.
 Location Oakland, Md.

18. Funeral director Ezra D. Boldey
 Address Oakland, Md.

19. 11/23/48 Julia G. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH November 20th 1948 at 11:2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 17 1948, to November 20 1948
 and that I last saw him alive on November 17 1948

Immediate cause of death Cerebral hemorrhage
or rapidly fatal meningitis -
 DURATION 4 hrs.

Due to Congenital Meningocele - ruptured
when born.

Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Harold C. Miller MD. M. D. or other
Eglen, W. Va. Address Date signed 11/24/48

RECEIVED

DEC 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11474

166

1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 Months

Hospital, institution, or street address where death occurred:

Kiser Nursing HomeHow long in hospital or institution? 6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)Street No. 1825 Frederick St.
(If rural, give LOCATION)2.(a) If veteran, name was Not a veteran ✓

3. (a) FULL NAME

Cora Belle Puffinburger

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Wilmer B. Puffinburger

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 18868. AGE: Years Months Days It less than one day
62 9 19 hrs. min.9. Birthplace Mineral Co. W. Va.
(Town, county, and state)10. Usual occupation Housewife
Home

11. Industry or business

12. Name Phillip Abe
13. Birthplace Hampshire Co. W. Va.14. Maiden name Elizabeth A. Largent
15. Birthplace Unknown16. Informant Mrs Mary Kiser
Address Mt. Lake Park, Md.17. Burial Date thereof Nov 4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hill Crest Cemetery
Location Cumberland, Md.18. Funeral director John Hager
Address Cumberland, Md.19. 11/4/48 19 48 Julia Q. Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 November 1, 19 48 at 5:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26 May 1948 19 48, to 1 Nov. 19 48, and that I last saw her alive on 31 Oct. 19 48Immediate cause of death Heart Failure

DURATION

4 daysDue to Arteriosclerotic Cardiovascular disease

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none doneAutopsy results none done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas J. Lushy M.D. M. D. or other
Address Oakland, Md. Date signed 1 Nov 48

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NOV 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 11475

1. PLACE OF DEATH:

County Garrett Co Md
City or town Near Friendsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett
City or town Near Friendsville Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

4. Sex M. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Deceased

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1948 6. (c) If alive, give age _____ years

8. AGE: Years 90 Months 3 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace _____
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Paday Riley

13. Birthplace WV

14. Maiden name Jane Woolley

15. Birthplace WV

16. Informant Emma, Bunk

Address Friendsville Pa

17. Date thereof Nov. 26, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or place of burial Johnson

Location Near Friendsville Md

18. Funeral director H. H. Sweeney

Address Friendsville Md

19. Nov 25 1948 Mrs. Kathryn A. Fite
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 1948, at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1st 1948 to Nov 24 1948
and that I last saw him alive on November 24 1948

Immediate cause of death chronic myocarditis

DURATION

2 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Milton Tepper M.D.

Address Friendsville, Md Date signed Nov 26, 1948

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11476

Reg. Dist. No. 166

1. PLACE OF DEATH:

County GarrettCity or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 94a2(a) If veteran, name war World War #1 (1780622)

3. (a) FULL NAME

Charles Milton Sincell.

3. (b) Social Security Number

219-14-6313

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced.6. (b) Name of husband or wife Irene Brann Sincell - dead7. Birth date April 16th 1888
deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

60627hrs. min.9. Birthplace Oakland, Maryland.
(Town, county, and state)10. Usual occupation Civil Engineer.11. Industry or business Garrett Co. Maryland.12. Name Edward H. Sincell.13. Birthplace Fredrick, Md.14. Maiden name Sarah Wells Button.15. Birthplace Newport, R. I.16. Informant S. T. Mayor.Address Oakland, Md.17. Burial Date thereof Nov. 15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oakland Cemetery.Location Oakland, Md.18. Funeral director Ernest D. Bolden.Address Oakland, Md.19. Nov 15/48 Registrar Julius Newman

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1948 at 1230 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Examined after death 1948and that I last saw him alive on 1948Immediate cause of death Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury Injured at work?

23. SIGNATURE Ed. Baumgartner M.D. ExaminerAddress Oakland Md Date signed 11/12/48

Mr. [illegible]

Open above family history.

Army [illegible] # and [illegible] # in [illegible] [illegible]

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NOV 20 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11477

1. PLACE OF DEATH

County Garrett

Village or City Mt. Lake Park

Registration Dist. No. 932

No. 166

St. 166

Ward

Length of residence in city or town where death occurred

5

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds.

How long in U.S. if of foreign birth?

ds.

mos.

ys.

2. FULL NAME Catherine Tishue

If U. S. Veteran, specify WAR

(a) Residence: No. Mt Lake Park

F.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Jackson E. Tishue

6. DATE OF BIRTH (month, day, and year)

August 31, 1867

7. AGE

Years

81

Months

2

Days

16

If LESS than

1 day, ----- hrs.
or ----- min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Somerset Co., Pa.

(State or country)

FATHER

13. NAME

Adam Sumey

14. BIRTHPLACE (city or town)

Penna.

(State or country)

MOTHER

15. MAIDEN NAME

Hannah Burnworth

16. BIRTHPLACE (city or town)

Unknown

(State or country)

17. INFORMANT

Mrs. Ella Murray

(Address)

Mt. Lake Park, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Oakland Md

Date

11/20/48

19

19. UNDERTAKER

(Address)

Herbert C. Reighton
Oakland, Maryland

20. FILED

11/20/48

19

48

Julia A. Rowan

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 17,

1948

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

12 Nov

19

48

to

16 Nov

19

48

I last saw her alive on

13 Nov

19

48

death is said

to have occurred on the date stated above, at 6:00A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-sclerotic
Cardio-vascular disease

Congestive heart failure

Date of onset

Other Contributory Causes of Importance:

Name of operation

none

Date of

What test confirmed diagnosis?

none

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Thomas S. Quoy
Oakland, Md

M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11478
166

1. PLACE OF DEATH:

County Harrett
City or town Mountain Lake Park Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

Rose Nursing Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Dist. of ColumbiaCity or town Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 512 Rhode Island Ave NE

(If rural, give LOCATION)

2.(a) If veteran, name was None ✓

3.(a) FULL NAME

Mild Henry Trotter

3.(b) Social Security Number

None4. Sex Male5. Color or race White6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Mary Ellen Trotter6.(c) If alive, give age 81 years7. Birth date of deceased (mo., day, yr.) December 24, 1857

8. AGE: Years Months Days If less than one day

90 10 23 hrs. min.9. Birthplace Marietta Ohio

(Town, county, and state)

10. Usual occupation Retired Government Worker11. Industry or business United States Government12. Name James Trotter13. Birthplace Ohio14. Maiden name Elizabeth Stutz15. Birthplace Liberty, Ohio16. Informant James Trotter - SonAddress Washington D C

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Burial Nov. 22, 1948Cemetery or crematorium Lincoln CemeteryLocation Upper West Pa.18. Funeral director Wayne C. SpiggleAddress David West Rd.19. Nov 22/ 19 48 Julius A. Brown Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1948 at 5:10 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1 Nov. 19 48 to 20 Nov. 19 48and that I last saw him alive on 19 Nov. 19 48

Immediate cause of death

Heart failureDURATION 2 daysDue to arterio-scleroticcardio-vascular disease

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Thomas J. Lushy M.D.Address Oakland, Md.Date signed 20 Nov 48

RECEIVED

NOV 27 1948

BUREAU V. S.